









## PERCEPTIONS AND EXPERIENCES OF WOMEN ABOUT SEXUALITY DURING THE BREASTFEEDING PERIOD

PERCEPÇÕES E VIVÊNCIAS DE MULHERES ACERCA DA SEXUALIDADE DURANTE O PERÍODO DE AMAMENTAÇÃO

PERCEPCIONES Y EXPERIENCIAS DE LAS MUJERES SOBRE LA SEXUALIDAD DURANTE EL PERÍODO DE LACTANCIA MATERNA

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## ABSTRACT

**Objective:** to understand how women perceive and experience sexuality during the breastfeeding period. **Method:** descriptive study with a qualitative approach carried out with lactating women or women who had already breastfed, having as field of study six Basic Health Units (UBS) of a municipality in the southern region of Brazil. Data were collected from May to August 2018, through semi-structured interviews, audio-recorded and held in a reserved place at the UBS. The informants were 18 women with children aged up to 12 months who were being or had been breastfed for some time and who attended the UBS for childcare or consultation with a pediatrician during the period of data collection. Women who reported not having started sexual practice during the breastfeeding period were excluded. The data produced were submitted to content analysis - thematic modality. **Results:** women perceive and experience sexuality during breastfeeding through changes in self-image, self-esteem, and relationship with the partner. Breast changes were well perceived during the gestational period and at the beginning of breastfeeding; however, over time, some women perceived the changes in a negative way, especially those who had more difficulty regaining their pre-pregnancy weight. The results also showed that the women went through a period of uncertainties and insecurities in relation to sexuality and that changes in the marital dynamics were necessary in this transition period for the exercise of sexuality, considering the nutritional and affective support needs of the baby. **Conclusion:** women perceive and experience difficulties in reconciling sexuality with breastfeeding, since the new family dynamics resulting from the birth of a child and changes in body aesthetics can have a negative impact on sexuality.

**Keywords:** Sexuality; Women's Health; Postpartum Period; Breast Feeding.

## RESUMO

**Objetivo:** apreender como as mulheres percebem e vivenciam a sexualidade durante o período da amamentação. **Método:** estudo descritivo de abordagem qualitativa realizada com mulheres lactantes ou que já haviam amamentado, tendo como campo de estudo seis Unidades Básicas de Saúde (UBS) de município da região Sul do Brasil. Os dados foram coletados no período de maio a agosto de 2018, mediante entrevistas semiestruturadas, áudio-gravadas e realizadas em local reservado nas UBS. As informantes foram 18 mulheres com filhos de até 12 meses de vida que estavam sendo ou tivessem sido amamentados no seio por algum tempo e compareceram à UBS para puericultura ou consulta com pediatra durante o período da coleta de dados. Foram excluídas as mulheres que referiram não ter iniciado a prática sexual no período de amamentação. Os dados produzidos foram submetidos à análise de conteúdo - modalidade temática. **Resultados:** as mulheres percebem e vivenciam a sexualidade durante a amamentação por meio de mudanças na autoimagem, na autoestima e no relacionamento com o parceiro. As modificações mamárias foram bem percebidas no período gestacional e no início da amamentação; porém, com o decorrer do tempo, algumas mulheres perceberam as modificações de forma negativa, sobretudo aquelas que tiveram mais dificuldade na retomada do peso pré-gravídico. Os resultados também mostraram que as mulheres passaram por um período de incertezas e inseguranças em relação à sexualidade e que mudanças da dinâmica conjugal foram necessárias nesse período de transição para o exercício da sexualidade, considerando necessidades do suporte nutricional e afetivo do bebê. **Conclusão:** as mulheres percebem e vivenciam dificuldades em conciliar a sexualidade com a amamentação, visto que a nova dinâmica familiar decorrente do nascimento de um filho e as alterações na estética corporal podem repercutir de forma negativa na sexualidade.

**Palavras-chave:** Sexualidade; Saúde da Mulher; Período Pós-Parto; Aleitamento Materno.

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## RESUMEN

**Objetivo:** aprender cómo las mujeres perciben y viven la sexualidad durante el período de la lactancia materna. **Método:** estudio descriptivo con abordaje cualitativo, realizado con mujeres lactando o que ya habían lactado, en seis Unidades Básicas de Salud de un municipio de la región sur de Brasil. Los datos fueron recolectados en el período de mayo a agosto de 2018, a través de entrevistas semiestructuradas y grabadas en audio, realizadas en un lugar reservado en las unidades de salud. Las informantes fueron 18 mujeres con hijos de hasta 12 meses de edad, que estaban siendo o habían sido amamantados durante algún tiempo, y que acudieron a la Unidad de Salud para atención infantil o consulta con el pediatra durante el período de recolección de datos. Se excluyeron las mujeres que declararon no haber iniciado la práctica sexual durante el período de lactancia. Los datos obtenidos se han sometido a un análisis de contenido temático. **Resultados:** las mujeres perciben y viven la sexualidad durante la lactancia por medio de cambios en la autoimagen, en la autoestima y en la relación con el compañero. Los cambios en los senos se percibieron bastante durante el período de gestación y al inicio de la lactancia, sin embargo, con el paso del tiempo, algunas mujeres los percibieron de forma negativa, sobre todo aquellas que tenían más dificultades para recuperar el peso de antes del embarazo. Los resultados también mostraron que las mujeres pasaron por un período de incertidumbres e inseguridades en relación a la sexualidad y que cambios en la dinámica conyugal fueron necesarios en ese período de transición para el ejercicio de la sexualidad, considerando necesidades de apoyo nutricional y afectivo del bebé. **Conclusión:** las mujeres perciben y viven dificultades para conciliar la sexualidad con la lactancia, dado que la nueva dinámica familiar derivada del nacimiento de un hijo, asociada a las alteraciones en la estética corporal, puede repercutir de forma negativa en la sexualidad. **Palabras clave:** Sexualidad; Salud de la Mujer; Periodo Posparto; Lactancia Materna.

## INTRODUCTION

Sexuality, a basic human need, is influenced by the possibility of having pleasurable sexual experiences and by the positive and respectful approach to relationships, that is, free from violence and coercion.<sup>1</sup> Considering the broadest sense, sexuality manifests itself in different ways, being able to unite people to pleasure, desires and needs, being experienced by thoughts, actions, fantasies, judgments and habits.<sup>2</sup> It is a consensus that sexuality is affected by social standards that change over time. Therefore, women's sexuality is marked by moral, ethical and religious standards that guide them to live in a family, dedicate themselves to the home and be responsible for taking care of the house and children.<sup>3</sup>

The acknowledgement of women's social role over the years has influenced contemporary female behavior. Therefore, it is a fact that a woman assumes a double workday: maternal and professional. In addition to such an overload, it is necessary to deal with a hegemonic discourse that refrains from problematizing female desires and expectations, such as marital life, sexuality, preserving the freedom to make choices about one's own body, working conditions, the salary and professional progression.<sup>4</sup>

In the postpartum period, particularly, women go through physical and hormonal changes and are faced with a unique and challenging phase in their lives, characterized

by emotional overload, fatigue and irritability. Such changes are responsible for a high rate of female sexual problems, especially sexual desire disorders, which are often hypoactive. Sexual dysfunction affects a large proportion of puerperal women, negatively affecting their quality of life and physical, psychological, and social health.<sup>5</sup>

Although it is considered that women who breastfeed are at greater risk of developing problems related to sexuality, these problems are still poorly understood and addressed.<sup>5</sup> Thus, psychological changes in the postpartum period have a profound impact on women's sexual desire and perception of pleasure.<sup>6</sup> However, the care approach offered by health professionals is still often perceived in a biologist way, so that many of their practices are focused on healing, without valuing the subjectivities of each individual.<sup>7</sup>

Furthermore, socially, lactating breasts are generally perceived as a symbol of motherhood, which can limit the approach of breastfeeding as a merely technical procedure, leaving aside broader dimensions of the woman's body, such as sexuality in the postpartum period.<sup>8</sup> In this direction, a study carried out in a maternity hospital in Ireland pointed to the need to include actions of care and guidance for women in the postnatal period, contemplating sexual health, as this is an unexplored subject in this period and women's complaints about sexual health are frequent. to the assistance received.<sup>9</sup> Related to this, it is perceived that the maternal health care actions in the postpartum period are limited to counseling on the use of contraceptives to avoid short-term pregnancies.<sup>6</sup> This gap in care contributes to the reduced knowledge on the complications of postpartum sexual health and the absence of subsidies that direct the planning of health practices to mitigate dysfunction and promote female sexual health.

In this sense, it is essential that healthcare professionals expand their perception of female sexuality during the breastfeeding period, since the literature points out that breastfeeding is associated with the worsening of sexual intercourse in the postpartum period, with a reduction in sexual satisfaction, to sexual inactivity and less satisfaction with the body and with intimacy. Such evidence justifies the importance of professional attention to these aspects from the understanding of sexuality and breastfeeding from the point of view of those who experience them.<sup>10</sup>

It is also noteworthy that the nurse has the responsibility to enlighten women and their partners about sexual dysfunctions related to breastfeeding and provide subsidies to overcome such problems. In addition, he/she should talk about the sexual perceptions of women and partners, providing health education on the subject.<sup>10</sup>

Considering that professional assistance to women who breastfeed must contemplate the subjectivity of their sexuality and not be restricted to changes in the biological dimension, the question is: how do women perceive and experience sexuality during breastfeeding? Faced with the existing gap in knowledge on the subject and the need for studies that explore sexual health beyond the resumption of sex after childbirth in order to identify aspects that limit women in seeking help from health services and, consequently, subsidize actions of professionals in caring for these demands, the present study aimed to understand how women perceive and experience sexuality during the breastfeeding period.

## METHODOLOGY

This is a descriptive exploratory research with a qualitative approach developed in six of the 33 Basic Health Units (UBS, *Unidade Básica de Saúde*) in a medium-sized city in the south of Brazil, selected for convenience. The UBS were included in the study after identifying those that carried out consultations with a pediatrician or childcare in the afternoon. For the elaboration and description of the study, the guidelines of the Consolidated criteria for reporting qualitative research (COREQ) were taken into account.

As informants, the study had women who met the following inclusion criteria: having a child of up to 12 months of age, who was being or had been breastfed for some time and who attended the UBS for childcare or consultation with a pediatrician during the data collection period. In turn, women who reported not having started sexual practice during the breastfeeding period were excluded.

Twenty-seven women were invited to participate in the study, of which three refused to participate, claiming lack of time and six did not meet the inclusion criteria (two for not having breastfed or for having done so for less than a week; three because their children had more than a year; and one who, being single, claimed not to have experienced her sexuality after giving birth). New participants were included until the exhaustion of the information of interest, that is: when the content of the interviews became repetitive and new data collected did not add information to the understanding of the phenomenon, the search for new informants was stopped. Thus, 18 women effectively participated in the study.

Data were collected from May to August 2018, through a single individual interview with each participant. The interviews were audio-recorded on a digital device after authorization and carried out in a reserved place on the premises of the UBS while the women were waiting for assistance or shortly after the end of the assistance. The

invitation to participate in the study was made personally on the day they attended the service for some assistance with the child when the researcher introduced herself and explained the purpose of the research and the type of participation desired.

During the interviews - which lasted an average of 35 minutes - a semi-structured instrument was used, prepared by the first author, consisting of two parts. The first included the description of the participants (age, education, number and age of children and time since the last child was breastfed) through structured questions; the second had the following guiding question: tell me about your sexuality during the breastfeeding period. When necessary, some supporting questions were used, such as: *“How did breastfeeding affect the way you dealt with your sexuality? Was it necessary to make any adjustments during the breastfeeding period? Tell me about it”*.

All interviews were conducted by the first author - a nurse and a Master's student in Nursing -, who had no previous contact with the participants and was qualified/trained to conduct qualitative interviews.

The recorded interviews were transcribed in full and submitted to content analysis - thematic modality, following the three proposed steps.<sup>11</sup> The entire initial analysis process was carried out by the first author and discussed/supervised by two other researchers. In the pre-analysis phase, an exhaustive reading was carried out, with a view to approaching the content of the records. The material exploration stage consisted of coding the data by identifying the content of interest according to the purpose of the study. Finally, in the categorization stage, data were isolated and regrouped according to the similarity of meanings and inferences compared with the literature on the subject.<sup>11</sup>

In the development of the study, all ethical precepts disciplined by Resolution 466/2012 of the National Health Council were respected. The research was approved by the Research Ethics Committee Involving Human Beings of the signatory institution and all participants signed the Free and Informed Consent Form (ICF), including the one under 18 years old, since she was married and, therefore, emancipated. To guarantee the anonymity of the participants, the strata of the testimonies presented as results are identified by the letter E (for interviewee) followed by a number indicating the order in which the interview was carried out. Additional information such as age, number of pregnancies and age of last child make up this identification (Ex: E1, 25 years old, G2, 3 months old).

## RESULTS

The 18 participants of the study were aged between 17 and 33 years old, of which 11 had completed high school, three completed or incomplete elementary school and four had higher education (two complete and two incomplete). The mean age at first sexarch was 16 years (minimum 13 and maximum 20 years). Of the total number of women interviewed, seven were primiparous and two had already stopped breastfeeding, which occurred before the child's sixth month of life. Of those who were breastfeeding, nine had children younger than six months. Regarding the age of the children, five had up to three months to live, six between four and six months, four between six and nine months and three were 12 months old. The average time for resuming sexual activity after childbirth was 48 days, with a minimum period of 15 days and a maximum of 120 days.

Content analysis in the thematic modality allowed identifying the perceptions and experiences of women regarding sexuality during breastfeeding, giving rise to two categories. The first addresses women's perceptions, focusing on issues of body aesthetics and their influence on sexuality. The second deals with experiences during breastfeeding, pointing out the main difficulties and needs during this period.

### Perception of body aesthetics during and after breastfeeding

The increase in the volume and consistency of the breasts during breastfeeding was pointed out by some women as a favorable aspect to the exercise of sexuality, since they received compliments from their partners and, consequently, they felt with high self-esteem.

*There are times when my husband looks at me and says, my love, how sexy you are. The breasts are very big and hard, if they stayed hard, it would be fine (laughs). (E7, 33 years, G2, 2 months)*

*The breasts increased, big and hard, even my husband praised them, before they were small. I even started wearing cleavage, I felt powerful. (E18, 24 years, G1, 5 months)*

*It's wonderful, it looks like you have silicone, you don't need to wear a bra or anything, it's wonderful, it's the silicone you didn't pay for. (E8, 26 years, G2, 5 months)*

On the other hand, some participants revealed dissatisfaction with the aesthetics of the breasts during and after the breastfeeding period, due to the appearance of

stretch marks, sagging, decreased volume and difference in size between one breast and another.

*I think the change that most impacted me in the postpartum period was the breast, because I already have a very large breast, during pregnancy it grew a little more...it was already considered flaccid, and now it's even more saggy. (E14, 26 years, G3, 4 months)*

*After I breastfed, my breast became saggy and small, so it looked like a withered "little bladder", this really bothered me, I had to work a lot on my head not to be sad. (E16, 29 years, G2, 8 months)*

*Before breastfeeding, the breasts were that wonderful thing, then it gets kind of...it's not the same thing, it gets ugly, they get a little saggy. (E3, 17 years, G1, 2 months)*

*Ah, they changed a lot...one got bigger than the other and also when you take the bra off, they don't stay up anymore, they fall off. (E10, 20 years, G1, 9 months)*

Some statements show the presence of negative feelings in relation to the changes that also occurred in other parts of the body, negatively influencing self-esteem.

*I'm still upset because I gained a lot of weight, I couldn't recover, as she breastfed a lot I was always eating, so dissatisfaction is just with the body itself. (E15, 21 years, G1, 8 months)*

*I had a very nice body, but after I got pregnant, I gained weight and couldn't recover what I gained, it was very difficult to face it because I didn't want to be pregnant anymore and still see my body change completely and not being able to do anything, it was a lot, very difficult. (E16, 29 years, G2, 8 months)*

*The belly is not the same anymore, my belly stretched too much, and I had a lot of stretch marks. (E2, 23 years old, G1, 1 year old)*

In short, the participants of the study pointed out changes in the breasts that influenced self-esteem and the relationship with the partner. Breast modifications were well received during pregnancy and early breastfeeding; however, after breastfeeding, some women perceived them in a negative way, especially those who had more difficulty regaining their pre-pregnancy weight.



## The experience of sexuality during the breastfeeding period

Decreased libido during breastfeeding was a frequently mentioned alteration, accompanied by difficulty in initiating the sexual act due to the presence of pain, disgust, shame and fear of a new pregnancy.

*In this pregnancy, it seems that my desire has decreased a lot...since I got pregnant with her, the libido has already decreased, with my son I was still able to have intercourse, but with hers I couldn't anymore, it was very difficult...after my daughter I don't have that urge, we do it and it's even nice, but when it's about to start I keep thinking: I can't believe it's about to start. (E5, 27 years old, G2, 1 month)*

*Well, when you have a newborn, your libido decreases a lot, you feel like it, but not every day, it decreases but it's not that thing you'll never have again, it's difficult, but it's not impossible at all. (E12, 28 years, G2, 6 months)*

*It was a very painful and long process, we had sex four months after he was born, I was disgusted, I felt pain, I was afraid of getting pregnant again. I had to undergo treatment with a psychologist to accept that having sex would not make me pregnant again if I took care of myself, because I was very afraid. (E9, 19 years old, G2, 1 year old)*

The participants highlighted that the couple's sexual practice in the postpartum period is influenced by the demands arising from the arrival of the child and the decrease in libido. This is because, in addition to the physical exhaustion resulting from the overload of tasks, during the breastfeeding phase, women experience an ambiguity with the affective and nutritional needs of the child and the sexuality of marital life.

*We create a protection in our body, don't touch me, all because of the child, the desire decreases so much [...]. (E11, 27 years, G2, 4 months)*

*It seems that he fights for the breast, he (partner) even says - man, you stole my breast and now I'm here, look, without even being able to put my hand on it. (E13, 26 years, G3, 4 months)*

*When I realize that the mood is getting started, I already tell him (partner): you can't touch here, how is the baby going to put his mouth here later? (E4, 22 years, G1, 2 months)*

*What I felt before, I no longer feel, the desire to do (have sexual intercourse) I no longer feel it. (E6, 20 years, G1, 1 year and 5 months)*

*Now, with the baby, the tiredness is greater, it takes a lot of time and drains our energy. When he sleeps, that's the time I have to do things at home, then he wakes up, I have to stay with him, and I don't rest. When the husband arrives full of love to give, I'm just like dust and I can't do anything else, there's no desire to overcome that. (E18, 24 years, G1, 5 months)*

Overlapping the difficulties mentioned so far, milk ejection during sexual intercourse was also mentioned as a reason for discomfort and the need for adaptation.

*The first time I felt a little strange because everything got wet, but then I got used to it, I took a shower, and everything was fine again. (E1, 25 years, G2, 3 months)*

*Somehow, I think it hindered with my relationship with my husband, because it spills milk on him and he says it smells sour afterwards, but then I tell him: you want to have sex, don't you? So, you have to put up with it. But he showers and stops complaining. Sometimes I use a top or a breast pad, it helps a lot, because it makes less mess and doesn't leave that sour smell. (E18, 24 years, G1, 5 months)*

Discomfort with the smell of breast milk occurs even outside the context of sexual activity and is a reason for discomfort when perceived by the partner and family members.

*Even when I'm not breastfeeding, it feels like I've had a milk bath (laughs), I don't like that smell, it's horrible and it smells sour afterwards. (E17, 28 years, G2, 8 months)*

*It's a smell that bothers me, it's a rusty smell, when he's sucking on one breast and the other is leaking, the smell exudes through everything. My husband feels, my mother feels....and they talk. My husband says: "Wow, is milk leaking?! Look at that smell of milk, what a bad smell". (E11, 27 years, G2, 4 months)*

*Sometimes we get a little "stinky", right? It smells like sour milk, but it's part of it, I don't care, I don't use perfume anymore, my perfume is the smell of milk (laughs), my deodorant is unscented, the little cream is its oil that I apply and nothing else and in a little while I smell like milk again... (E13, 26 years, G3, 4 months)*

With the demands of motherhood, the women highlighted the need to readjust their sexual practice, inserting a pre-coital preparation that involves a closer relationship of the couple, valuing dialogue, affection and touching. The need to use intimate lubricant during this period of transition in maternal-affective life was reported by one of the interviewees as an option to alleviate negative situations regarding sexuality.

*What I did was use more lubricant...and foreplay increased as well...you have to be more affectionate, touch more, these things, it's not about getting closer. And I got all this based on the conversation, see? Because on his eyes it's just all about doing it. (E18, 24 years, G1, 5 months)*

*The adaptation we had was to increase the conversation, always exposing what the other is feeling at that moment, because sex for me at that moment was not a priority and there was adaptation in relation to the baby's timetable. Before, we had more freedom to have sex...nowadays we do it when the baby gives us time, so after he sleeps, during his nap. (E14, 26 years, G3, 4 months)*

Although women are in a phase where there are hormonal changes that reduce libido and sex is not a priority for some due to the inherent care of the baby, the concern with the partner's fidelity during the breastfeeding period was revealed. This fear demonstrates that there is a need for greater understanding of the partners about the new dynamics of the couple and about the unique moment that women experience.

*I even thought we were going to get a divorce, because he's just like me, in the sense of enjoying sex a lot, that's why we get along so well. And when he realized that I couldn't please his requests, he got very frustrated, I even think he cheated on me, he denies it, but I think that happened, because it also reduced his demand for me while I was breastfeeding. (E17, 28 years, G2, 8 months)*

*I tell him that if he finds another woman and she is a mother, it will be like that too, so he has to understand the situation. When we choose to be parents, we give up a lot...and sex is not the priority right now. With time things settle down and sex ends up returning a little to what it was before. (E16, 29 years, G2, 8 months)*

In summary, this category showed that women went through a period of uncertainty and insecurity in relation to sexuality during the breastfeeding period. Changes in

the marital dynamics for the exercise of sexuality were necessary in this transition phase, considering the nutritional and affective support needs of the baby.

## DISCUSSION

In the women's perception, changes in body aesthetics and in the dynamics of the couple to increase libido occurred during the breastfeeding period. The increase in breast volume provided greater self-esteem, triggered by the fact that they felt more beautiful and were also perceived as such by their partners. However, dissatisfaction with the appearance of the breasts in the subsequent period was frequent.

The unique way in which the mother's breast is perceived by women may be related to factors such as culture, age, life history, understanding of self-image, emotional state, and socioeconomic situation.<sup>12</sup> In Western culture, the female breast is important for male sexual attraction and motivation for the sexual act, which explains, in part, the importance given by women to breast aesthetics.<sup>12</sup>

Considering this context, it is emphasized that the pregnancy-postpartum period is marked by physiological and endocrine changes with a view to preparing the breasts for breastfeeding. These changes cause changes in body weight, commonly evidenced by the appearance of stretch marks, sagging and other characteristics that can impact self-image if women are not adequately prepared to deal with them.<sup>13</sup>

Thus, part of the dissatisfaction with the "natural" changes that pregnancy and the puerperium can trigger in the female body is a reflection of the dictatorship of the "perfect" body imposed by society, which induces women to want to fit into a beauty standard that is often sometimes unreachable. Body changes directly influence the way women experience sexuality and perceive satisfaction with sexual intercourse during the postpartum period. This, in turn, is related to the pre-gestational body image and the way in which the woman understands bodily changes in the face of subjectivity, relationships and culture itself.<sup>14</sup> The non-recognition of the body affects self-esteem, self-image and sexuality itself in the relationship with the partner.<sup>14</sup> In addition, the idea of irreversibility of body image can contribute to women's dissatisfaction.<sup>12,15</sup>

Thus, the possibility of some women feeling uncomfortable, insecure and with low self-esteem in relation to changes in their body points to the need for them to be approached in a unique way by health professionals, with the aim of helping them to better deal with these changes.<sup>16</sup> Furthermore, in contemporary society, linked to the

culture of the “perfect” body, issues related to gender differences and patriarchy weigh heavily. These ideological constructions are rooted in people's lives in such a way that most women do not realize how much they are affected by them. This fact is evidenced by reports of women who perceive their bodies being disputed between father and son, without considering the body's own belonging.<sup>3,14</sup>

On the other hand, positive aspects of breastfeeding on body image can be observed, as evidenced in an American study carried out with 597 mothers with children aged 0 to 12 months. This study found that women who were breastfeeding had more positive body images and were less likely to engage in poor weight management behaviors. The research also pointed out that women's positive attitudes towards breastfeeding were associated with awareness and appreciation of body functionality, in addition to having fewer weight control behaviors.<sup>17</sup>

Regarding sexual response, it is a cause for concern for women in the postpartum period, since the physical and emotional changes resulting from the pregnancy-puerperal process have repercussions in this sphere of sexuality. Due to biological issues related to hormonal changes, there is a reduction in vaginal lubrication, which can cause dyspareunia, in addition to a reduction in libido. Other factors such as fatigue resulting from caring for the newborn, the breastfeeding routine and sleep deprivation also make it difficult to resume sexual activity and decrease pleasure.<sup>10</sup> These changes can lead them to re-signify their own sexuality, with openness for new discoveries and possibilities, such as other types of sexual activity adapted to the changes that present themselves, such as masturbation and oral sex.<sup>2</sup>

The participants of the present study reported a change in libido and a decrease in the frequency of sexual intercourse with their partners, which corroborates the findings of a study carried out with 113 women in Turkey: an increase in sexual dysfunction in the postpartum period and influence negative in quality of life.<sup>18</sup>

In addition to the overload with household chores and the consequent physical exhaustion caused by dedication to care for the child, the house and the other children, the reduction of some hormones after childbirth, such as estrogen and progesterone, generates significant repercussions in practice sexuality, since it influences libido and vaginal lubrication, which can trigger pain and a decrease in sexual desire.<sup>12</sup>

A study with 372 breastfeeding women found that 58.3% had sexual dysfunction, and the significantly associated factors were: little importance given to sexual intercourse; limited communication with the partner; decrease

in the frequency of sexual intercourse; and low quality of life.<sup>19</sup> In Poland, a longitudinal study of 398 women found that the rate of sexual dysfunction increased five times after childbirth, reaching 40% among young mothers.<sup>20</sup>

These results highlight the importance of, during prenatal and puerperal follow-up, addressing topics such as biological and psychological changes in these periods, possible strategies for coping with these changes, the importance of care from the support network (when existing) and the need to strengthen the dialogue. It is up to healthcare professionals to inform, during consultations, that, although the changes are temporary, sometimes a readjustment of sexual practice is necessary, which needs to be preceded by caresses, touches, closer proximity of the couple and even the use of vaginal lubricant.

In this adaptation process, women need to be supported and encouraged, so that they can express their difficulties, since, for men, this phase may not be necessary, as it is easier to increase libido and lubrication. Thus, it is understood that dialogue is a fundamental tool to favor the adaptation of the couple and to make the sexual act possible and pleasurable for both.

It is worth considering that there is a sociocultural and intergenerational tendency to assign different roles to motherhood and fatherhood. This is because women, in most cases, are established and expected to play the role of mother, woman, housewife and worker, while men have the role of provider. Thus, it is imperative to overcome some paradigms that permeate maternity/paternity and deconstruct the naturalized perspective that the mother is the best caregiver of the children, to the detriment of the father, who occupies a secondary role. It is notorious that the exercise of multiple roles burdens women, harming their sexuality.<sup>21</sup>

It is observed that conformism in relation to these aspects is so hegemonic that women do not problematize these issues in their speeches. Thus, on rare occasions, they mentioned or demonstrated that they perceived an overload of tasks compared to men and the consequent reflection on his/her sexuality.

In this sense, care for the child and their well-being are the center of life for many women, who deny themselves because of the child, that is: their lives, their plans and their goals are postponed.<sup>22</sup> Considering that the sexuality may be changed at this stage as a result of the new roles adopted by the couple before the birth of the child, a series of demands require readjustments to adapt to the new family dynamics, such as structuring space and a new elaboration of the image that the couple has of themselves.<sup>23</sup> Given this, it is necessary for health professionals

to encourage reflections on the roles assumed by couples and address common changes in relation to sexual activity, interest and desire during pregnancy and after childbirth, so that the couple can discover new ways of conducting the relationship.

Despite the maternal burden and the lack of libido evidenced in the speeches, there was concern on the part of women about not meeting their partner's sexual expectations or even possible betrayal. In this context, it is worth mentioning that normative and gender heterosexuality factors, with a man's response with desire and the woman's sexually passive and responsive, with a sense of duty or pity, in addition to the unwillingness to see the partner upset and with the intention of avoid negative consequences arising from rejection, create support for sexual conformity within marriage, that is: willingness to consent to unwanted sex.<sup>24</sup>

Thus, valuing the dialogue between the couple again emerges as an option to alleviate possible negative situations regarding sexuality. Dialogue makes it possible to express feelings and contributes to understanding the scenario experienced by the spouse, such as insecurity with body image, lack of libido and unmet needs. Thus, the conversation can bring greater proximity, favor coping with difficulties and provide the experience of sexuality.<sup>22,25</sup> This is because the shared understanding of the changes resulting from this new phase and the knowledge of the physiological changes can contribute positively to the experience of the couple, generating a healthier relationship.

Over time, the couple's dynamism goes through transitions and crises, and sometimes it is necessary to make new living arrangements. With the arrival of a child, a reorganization of the routine and an adaptation of the couple to the new reality is required, especially since the woman may be sensitive, vulnerable, and present emotional instability during this period. The way the couple deals with these changes can have a favorable or negative impact on their relationship, compromising family balance. The solution to overcome the changes that the new child brings can arise from dialogue and mutual understanding between the spouses.<sup>8,14</sup>

Among the challenging occurrences during this period reported by some study participants is the ejection of breast milk during sexual intercourse, as well as its odor. Both of these aspects were responsible for triggering feelings of shame, discomfort, or disgust in the couple. When breasts full of milk are sexually stimulated, leakage can occur and, consequently, embarrass women, resulting in their partner not touching their breasts.<sup>25-26</sup>

Research carried out with a group of women about the experience of the postpartum period pointed to health education as a key element to prevent discomfort during sexual activity related to breastfeeding. For this, women and/or the couple should receive guidance on feelings experienced in this phase.<sup>15</sup> In this sense, the reports of some women showed the adjustments undertaken in order to prevent such repercussions. The use of a bra and breast protectors, for example, can prevent and/or reduce the ejection of milk during sexual intercourse. Other strategies can also help to get around the situation, such as manually milking the breasts or breastfeeding the child before sexual intercourse.

In short, the testimonies obtained indicate the need for greater preparation of the couple before pregnancy, during prenatal care and postpartum. This benefits the experience of sexuality in the breastfeeding phase and improves awareness about the child's dependence on maternal and paternal care in the first months of life, as a way of contributing to a better adaptation and satisfactory experience of marital sexuality in this period.

In addition to the couple's adaptation to sexual practice, women also need to go through an internal or psychic reorganization, which contributes to the construction of a new vision about themselves, the baby, the partner, and their family. origin, which can help with behavioral changes during the breastfeeding period.<sup>22</sup> In addition, it is understood that the individual approach of the woman on the subject is necessary, in order to enable the identification of her preferences and desires, since self-knowledge in relation to sexuality can constitute a protective factor in relation to the changes that may arise in the period of pregnancy/puerperium.<sup>27</sup>

In this context, the important qualification of the nurse as a member of the team responsible for health education, prenatal and postpartum care is highlighted. This is so that it is possible to include, in the preparation for responsible motherhood and fatherhood, the approach to sexuality in this period, which would contribute to more satisfactory and conscious sexual relations. Bearing in mind that many aspects are related to changes in sexuality during this period - such as physical, psychological, and social factors, professional guidance, mode of delivery and breastfeeding -, it is understood that health professionals need to properly inform couples about the changes and common yearnings in sexual activity, such as interest, desire, and responsiveness throughout pregnancy and after childbirth.<sup>23,28</sup>

It should be noted that primary care nurses in *Minas Gerais* reported the difficulty and the pathologizing and



biologist nature in approaching sexuality during the Nursing consultation with the woman. This points to the need to act in an integrative and resolute manner, with an innovative posture and holistic practice in favor of women's sexual autonomy.<sup>29</sup> The approach focused on the promotion of sexual health can, for example, minimize the difficulties related to the sexuality during breastfeeding. The empowerment of women through knowledge on the subject and decision-making in relation to their rights and needs will allow them to experience pleasure, desires, and intimacy. In this regard, the participation of their partners is important so that, together, they can understand the changes typical of the period and overcome problems according to possibilities.

As possible limitations of the study, we highlight the availability of the researcher for the interviews in only one period of the day and the taboo around the theme, which made it difficult to collect information, since, during the interviews, moments of silence were common, laughter, jokes, and resistance on the part of the participants. To minimize these issues, the researcher stayed in the field longer than initially expected and tried to respect the woman's time to express herself, formulating and directing the questions in a way to minimize the embarrassment and reach the objective of the study.

Despite not allowing generalizations - since it is a qualitative investigation in a specific reality -, it is believed that the knowledge produced is applicable to women inserted in similar sociocultural contexts. In addition, the results have practical implications, as they provide subsidies for professionals to establish a dialogue with women and their partners and direct assistance to his/her specific needs.

As implications for the research, it was possible to expand the theoretical contribution on the subject, directing future research of a qualitative nature, in different realities, and of a quantitative approach, in order to identify factors related to satisfaction with sexuality in the period of breast-feeding. For teaching, it supports the training of future nurses, in the sense that they understand the importance of sexuality for women during the breastfeeding period and have a closer look at women's needs.

## FINAL CONSIDERATIONS

Women perceive and experience sexuality during breastfeeding through changes in self-esteem and in the relationship with the partner, especially with regard to breast changes and dissatisfaction with body aesthetics. In addition, uncertainties and insecurities regarding sexuality were reported during this period as a result of

decreased libido, changes in the couple's sexuality, physical exhaustion due to the overload of activities, milk ejection during intercourse, the smell of breast milk and the concern with the partner's fidelity.

It is also clear that, in current times, this population feels overwhelmed and pressured by the stereotype of the beautiful and perfect body, even though they are in a phase full of hormonal, body and routine changes.

These results offer subsidies for a more assertive approach, as they point out the elements that need to be problematized throughout the couple's follow-up period, both during pregnancy and in the puerperium. In particular, the nurse's help in promoting women's self-knowledge in relation to their desires and desires regarding sexuality is highlighted, factors that can influence self-esteem and the relationship with the partner.

## REFERENCES

1. Giussy B. Raising awareness on female sexuality: the importance of a multidisciplinary approach. *Minerva Obstet Gynecol.* [Internet]. 2022[cited 2022 June 26];74(3):201-2. Available from: <https://doi.org/10.23736/S2724-606X.22.05073-4>
2. Pardell-Dominguez, Palmieri PA, Dominguez-Cancino KA, Rodriguez DEC, Edwards JE, Watson J, et al. The meaning of postpartum sexual health for women living in Spain: a phenomenological inquiry. *BMC Pregnancy Childbirth.* [Internet]. 2021[cited 2021 Nov 15];21:92. Available from: <http://doi.org/10.1186/s12884-021-03578-y>
3. Oliveira EL, Rezende JM, Gonçalves JP. História da sexualidade feminina no Brasil: entre tabus, mitos e verdades. *Rev Artemis.* [Internet]. 2018[cited 2021 June 23];23(1):303-14. Available from: <https://doi.org/10.22478/ufpb.1807-8214.2018v26n1.37320>
4. Kalil IR, Aguiar AC. Aquilo que a amamentação retira e o desmame restaura: relatos maternos sobre tensionamentos e materiais de comunicação e informação em saúde. *RECHS.* [Internet]. 2021[cited 2022 Jan 11];15(3):597-613. Available from: <http://doi.org/10.29397/reciis.v15i3.2328>
5. Sousa NQ, Borges AC, Sarabando R, Bivar L, Viana J, Cerqueira M, et al. The Role of Operative Vaginal Delivery in Postpartum Sexual Dysfunction: MOODS - A Prospective Study. *J Sex Med.* [Internet]. 2021[cited 2022 Jan 20];18(6):1075-82. Available from: <http://doi.org/10.1016/j.jsxm.2021.04.002>
6. Wood SN, Pigott A, Thomas HL, Wood C, Zimmerman LA. A scoping review on women's sexual health in the postpartum period: opportunities for research and practice within low-and middle-income countries. *Reproductive Health.* [Internet]. 2022 cited 2022 June 26];19(1):112. Available from: <https://doi.org/10.1186/s12978-022-01399-6>
7. Silva TRF, Fernandes SET, Alves NR, Farias AJA, Silva Júnior JA, Santos SMP. Representações dos estudantes de Enfermagem sobre sexualidade: entre estereótipos e tabus. *Trab Educ Saúde [Internet].* 2019[cited 2020 Mar 10];17(2):e002023. Available from: <http://doi.org/10.1590/1981-7746-sol002023>
8. Farinha AJQ, Comin FS. Relações entre não maternidade e sexualidade feminina: revisão integrativa da literatura científica. *Rev Psicol IMED.* [Internet]. 2018[cited 2021 Oct 27];10(1):187-205. Available from: <http://doi.org/10.18256/2175-5027.2018.v10i1.2316>
9. O'Malley D, Smith V, Higgins A. Sexual health issues postpartum - A mixed methods study of women's help-seeking behavior after

- the birth of their first baby. *Midwifery* [Internet]. 2022[cited Jan 30];104:103196. Available from: <https://doi.org/10.1016/j.midw.2021.103196>
10. Bucher MK, Spatz DL. Ten-year systematic review of sexuality and breastfeeding in medicine. *Nurs Womens Health* [Internet]. 2019[cited 2022 Jun 21];23(6):494-507. Available from: <https://doi.org/10.1016/j.nwh.2019.09.006>
  11. Bardin L. *Análise de conteúdo*. São Paulo: Edições 70; 2016.
  12. Torres MF, Ramos DC, Lucia ASL, Alves JD, Ramos ACV, Campoy LT, et al. Determinants of female sexual function in breast feeding women. *J Sex Marital Ther.* [Internet]. 2019[cited 2021 Nov 14];45(6):538-49. Available from: <https://doi.org/10.1080/0092623X.2019.1586020>
  13. Dieterich R, Chang J, Danford C, Scott PW, Wend C, Demirci J. She "didn't seem y weight; shesaw me, a mom who needed help breastfeeding": Perceptionsof perinatal weight stigma and its relationship with breastfeeding experiences. *J Health Psychol.* [Internet]. 2022[cited 2022 June 26];27(5):1027-38. Available from: <https://doi.org/10.1177/1359105320988325>
  14. Siqueira LK, Melo MCP, Morais RJL. Pós-parto e sexualidade: perspectiva e ajustes maternos. *Rev Enferm UFSM.* [Internet]. 2019[cited 2022 June 24];10:1-18. Available from: <https://doi.org/10.5902/2179769233495>
  15. Pissolato LKB, Alves CN, Prates LA, Wilhelm LA, Ressel LB. Amentação e sexualidade: uma interface na vivência do puerpério. *J Res Fundam Care online* [Internet]. 2016[cited 2019 July 10];8(3):4674-80. Available from: <http://doi.org/10.9789/2175-5361.2016.v8i3.4674-4680>
  16. Oliveira TD, Rocha KS, Escobal AP, Matos GC, Cecagno S, Soares MC. Orientações Sobre Período Puerperal Recebidas por Mulheres no Puerpério Imediato. *J Res Fundam Care online* [Internet]. 2019[cited 2022 June 23];11(3):620-6. Available from: <https://ciberindex.com/index.php/ps/article/view/P113620>
  17. Meghan M, Charlotte HM, Rosenbaum DL, DunaevJ. Breastfeeding, body image, and weight control behavior among postpartum. *Body Image.*[Internet]. 2021[cited 2022 June 23];38(1)201-9. Available from: <https://doi.org/10.1016/j.bodyim.2021.04.006>
  18. Surucu SG, Vurgec BA, Senol DK, Gozuyesil E, Bilgic D, Koroglu CO, et al. Evaluation of women's sexual quality of life, depression, and sexual functions in the pregnancy and postpartum periods: a multi-centered study. *J Obstet Gynaecol Res.* [Internet]. 2022[cited 2022 June 26];48(6):1379-89. Available from: <https://doi.org/10.1111/jog.15227>
  19. Fuentealba-Torres M, Cartagena-Ramos D, Fronteira I, Lara LA, Arroyo LH, Arcoverde MAM, et al. What are the prevalence and factors associated with sexual dysfunction in breast feeding women? A Brazilian cross-sectional analytical study. *BMJ Open.* [Internet]. 2019[cited 2022 Jan 10];25(4):e025833. Available from: <http://doi.org/10.1136/bmjopen-2018-025833>
  20. Fuchs A, Czech I, Dulaska A, Drosdzol-Cop A. The impact of motherhood on sexuality. *Ginekol Pol.* [Internet]. 2021[cited 2022 Jan 11];92(1):1-6. Available from: <http://doi.org/10.5603/GPa2020.0162>
  21. Oliveira-Cruz MF, Freitas MJS, Severo I. "Mãe é mãe, né pai?": maternidade, trabalho e desigualdade em debate no Facebook. *Rev Artemis* [Internet]. 2021[cited 2022 Jun 26];31(1). Available from: <https://doi.org/10.22478/ufpb.1807-8214.2021v31n1.60139>
  22. Nasser MA, Nemes MIB, Andrade MC, Prado RR, Castanheira ERL. Avaliação na atenção primária paulista: ações incipientes em saúde sexual e reprodutiva. *Rev Saúde Pública* [Internet]. 2017[cited 2021 Nov 17];51:77. Available from: <http://doi.org/10.11606/S1518-8787.2017051006711>
  23. Grussu P, Vicini B, Quatraro RM. Sexuality in the perinatal period: a systematic review of reviews and recommendations for practice. *Sex Reprod Healthc.* [Internet]. 2021[cited 2022 Jan 20];30:100668. Available from: <https://doi.org/10.1016/j.srhc.2021.100668>
  24. Farvid P, Saing R. "If I Don't allow Him to have Sex With Me, Our Relationship Will Be Broken": Rape, Sexual Coercion, and Sexual Compliance within Marriage in Rural Cambodia. *Violence Against Women* [Internet]. 2021[cited 2022 Jan 19]. Available from: <http://doi.org/10.1177/10778012211021130>
  25. Fagundes JS. O impacto da maternidade na sexualidade feminina. *Rev Bras Sex Hum.* [Internet]. 2020[cited 2022 Jan 10];19(2). Available from: <https://doi.org/10.35919/rbsh.v19i2.369>
  26. Assunção MRS, Dias IHP, Costa ACB, Godinho MLC, Freitas OS, Cavalheiros CAP. A sexualidade feminina na consulta de Enfermagem: potencialidades e limites. *Rev Enferm UFSM.* [Internet]. 2020[cited 2022 Jun 24];10:1-18. Available from: <https://doi.org/10.5902/2179769239397>
  27. Huberman Jackie S, Allsop David B, Rosen Natalie O. Associations between New Mothers' Partner-Oriented Sexual Values and Sexual Distress in the Transition to Parenthood. *J Sex Res.* [Internet]. 2022[cited 2022 Jun 26];1-10. Available from: <https://doi.org/10.1111/jog.15227>
  28. Araujo TG, Scalmo SCP, Varela D. Função e disfunção sexual feminina durante o ciclo gravídico-puerperal: uma revisão da literatura. *RBSH.* [Internet]. 2019[cited 2022 Jun 24];30(1)29-38. Available from: <https://doi.org/10.35919/rbsh.v30i1.69>
  29. Dias IHP, Silva MR, Leite EPRC, Freitas PS, Silva SA, Calheiros CAP. Assistência de Enfermagem na Estratégia Saúde da Família quanto à sexualidade feminina. *Ciênc Cuid Saúde* [Internet]. 2018[cited 2022 Jun 24];17(1). Available from: <https://doi.org/10.4025/ciencuidsaude.v17i1.37811>

